AFROX
MEDICAL AID SOCIETY

FORM C

Affidavit for Registration of Principal Member's Parent/Brother/Sister/Child (over the age of 21)

PLEASE COMPLETE IN BLOCK LETTERS

It is imperative that all sections of this application form be completed in full. Failing to do so will cause a delay in the processing of the application, as the incomplete form will be returned to the applicant.

If you require assistance in completing this form, please call 0800 003 149 or 011 703 3010.

1. PERSONAL DETAILS OF PRINCIPAL MEMBER (COMPULSORY TO COMPLETE)

MEMBER NUMBER (if you are an existing member)

TITLE SURNAME

FIRST NAME INITIALS

IDENTITY NUMBER

PROOF REQUIRED
CERTIFIED COPIES OF DOCUMENTATION REQUIRED: ID, affidavit (Form C)

2. AFFIDAVIT – PARENT/BROTHER/SISTER/CHILD OVER THE AGE OF 21

Registration of PARENT/BROTHER/SISTER or CHILD OVER THE AGE OF 21 as a dependant of the principal member is subject to:

- the principal member being liable for family care and support; and
- the person not being a registered dependant on a medical scheme.

2.1. What is the reason for wanting to register the dependant on the Afrox Medical Aid Society?

2.2. If the dependant receives an income of any kind, please indicate how much per month. R

2.3. Are you solely responsible for the dependant's daily living expenses? YES NO

I, _____, confirm that all of the information is true in every respect. I understand and agree that the consequence of submitting inaccurate information could result in the:

- forfeiture of all benefits from the Society;
- refunding in full all amounts for benefits/services paid on my behalf by the Society; and
- waiving of my right to claim a refund for any contributions paid by me to the Society.

SIGNED AT _____ ON THIS _____ DAY OF _____ 200___

OFFICIAL STAMP OF THE COMMISSIONER OF OATHS

MEMBER'S SIGNATURE _____

DEPENDANT'S SIGNATURE _____

COMMISSIONER OF OATHS _____

DATE D D M M Y Y